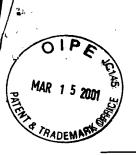
3-19-01



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I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Seini Matangi

(Typed apprinted name of person mailing paper or fee)

(Signature of person mailing paper or fee)

Patent Attorney's Docket No. <u>002010-603</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	
YEDNOCK, et al.	Group Art Unit: 1653
Application No.: 09/127,364	Examiner: D. Lukton
Filed: July 31, 1998	RECEIVED
For: ANTI-INFLAMMATORY COMPOSITIONS AND METHOD	MAR 2 2 2001
	TECH CENTER 1600/2900

AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

- [X] A Petition for Extension of Time is also enclosed.
- [] A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed.
- [X] Also enclosed is an acknowledgment postcard; Attachment to Reply and Amendment dated March 15, 2001.
 - [] Small entity status is hereby claimed.



Amendment/Reply Transmittal Letter Application No. <u>09/127,364</u> Attorney's Docket No. <u>002010-603</u> Page 2

is

l J	the[] \$355.00 (279) [] \$710.00 (179) fee due under 37 C.F.R. § 1.17(e).
	[] Applicant(s) previously submitted, on, for which continued examination requested.
r ı	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a)

[] A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.

[X] No additional claim fee is required.

[] An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS						
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	Extra Claims	RATE	ADDT'L FEE	
Total Claims		MINUS =		× \$18.00 (103) =		
Independent Claims		MINUS =		× \$80.00 (102) =		
If Amendment adds multiple dependent claims, add \$270.00 (104)						
Total Amendment Fee						
If small entity status is claimed, subtract 50% of Total Amendment Fee						
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT						

[X] A claim fee in the amount of \$_890.00	_ is enclosed for the extension fee.
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[] Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

P.O. Box 1404 Alexandria, Virginia 22313-1404 (650) 622-2300

Date: March 15, 2001

Gerald F. Swiss
Registration No. 30,113